

A1. Name: A1Last Name A1First Name A1MI
 Last First MI
 A2. Address: A2Address
A2City A2State A2Zip
 City State Zip
 A3. Home Phone: () A3Home Phone
 A4. Work Phone: () A4Work Phone
 A5. Pager Number: () A5Pager
 A6. E-Mail Address: A6EMail
 A7. Social Security Number: - - A7SSN

A8. Where did you hear about the program? [Check all that apply.] A8-1Hosp Paternity
 1. Hospital paternity establishment/program
A8-2Health Professional
 2. Health professional
A8-3Letter CSE Agency
 3. Letter from child support agency
A8-4Meeting CSE
 4. Meeting with child support technician
A8-5Welfare/ TANF technician
 5. Welfare/TANF technician
A8-6Child Protection Agency
 6. Child protection agency/professionals
A8-7Court A8-8Dept of Corrections
 7. Court
 8. Dept. of Corrections/Juvenile Justice
A8-9Therapist
 9. Therapist
A8-10Attorney
 10. Attorney
A8-11School
 11. School
A8-12church
 12. Church/faith-based organization
A8-13Friend A8-14Spouse
 13. Friend
 14. Spouse, ex-spouse, or girlfriend/boyfriend
A8-15Program Staff
 15. Contacted by program staff
A8-16Advertisement
 16. Advertisement/media
A8-17aOrganization
 17. Community organization:
A8-17bName
 18. Other: A8-18aOther A8-18bOther Specify

A9. Are you required to attend this program?
 1. Yes 2. No A9Required Participation

A10. Date of Birth (MM/DD/YY): A10Date of Birth

A11. Gender: A11gender
 1. Male 2. Female

A12. What is your current marital status? A12Marital Status
 1. Legally married and living with spouse
 2. Separated 4. Widowed
 3. Divorced 5. Never married

A13. Do you consider yourself:
 1. White/Non-Hispanic A13a Ethnicity
 2. African American/Non-Hispanic
 3. Hispanic/Latino
 4. Native American
 5. Asian American
 6. Other: A13b Ethnicity Specify

A14. Are you enrolled in school? 1. Yes 2. No
A14Enrolled in School

A15. What is the highest grade in school you have completed? A15Grade Completed

A16. What is the highest degree you have earned?
 1. None 3. High school diploma
 2. GED 4. Technical/AA degree
A16Highest Degree 5. College degree or higher

A17. In addition to you, who do you normally live with? [Check all that apply.]
 1. No one, live alone A17-1Live Alone
 2. One or both of your parents/foster parents
 3. Your brother(s) or sister(s) A17-3Brother/sister
 4. Your spouse A17-4Spouse
 5. Your girlfriend/boyfriend A17-5Girlfriend/Boyfriend
 6. Your own children A17-6children
 7. Children of spouse/girlfriend/boyfriend
 8. Other relative(s) A17-7Children of Spouse
 9. Friend(s) A17-8Other relative
 10. Not applicable (e.g., live in halfway house or shelter) A17-9Friends
 11. Other: A17-10Not applicable
A17-11aOther Household - Specify
A17-11bOther

A18. Do you have any children under the age of 18 who do not live with you? 1. Yes 2. No
A18Children under 18

A19. Are you or is your girlfriend/partner pregnant?
 1. Yes 2. No A19Pregnant

A20. Do you think you might want help with any of the following? [Check all that apply.]

A20-1see Children 1. Getting to see your children more often
A20-2Finding a Job 2. Finding a job A20-3Finding a Better Job
 3. Finding a better paying job A20-4Education/Training
 4. Additional education or training
A20-5CS Payments/ Debts 5. Child support payments or debts
A20-6Parenting Skills 6. Parenting skills/being a better parent A20-7Improve Relationship
 7. Improve relationship with other parent
A20-8Substance Abuse Treatment 8. Substance abuse treatment/counseling
 9. Help with anger management A20-9Anger Management
 10. Health services A20-10Health Services
A20-11Talk Others 11. Talking with others in the same situation
 12. Getting on the right track A20-12Right Track
A20-13aOther Service 13. Other: A20-13bOther Service - Specify

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A21. Is this person appropriate for the program?
 1. Yes 2. No A21Initial Action

A22. Project Staff: A22aProject Staff Date: A22bDate

A23. Participant ID Number: _____

A24. Case Notes (continue on reverse side, if needed):
A24 Comments